

# Board of Health, City of Baltimore, 11 Ward

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *A 1370*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *16th July 1887*

Full Name of Deceased, *Henry Thomas*

Sex, *Male* or *Female*, *Male*

Age, *3* Years, *4* Months, *0* Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *4 years + 4 months*

Place of Death, *Julia's Alley, 230 no*

Cause of Death, *Mother's State Paralysis*  
*Some organic congestion*

Duration of Last Sickness, *from Monday till Saturday*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cemetery*

Date of Burial, *July 17th 1887*

Undertaker, *Morgan and Pyle*

Place of Business, *102 Mylberry*

*Edw. H. White M. D.*  
Medical Attendant

*409 N Charles*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]



# Health Department, City of Baltimore.

Permit No. A 1371 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 15<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ed. T. Schup

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

7 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Born. Ind.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

923 N. Market St.

Cause of Death, { First (Primary); Second (Immediate); }

Gastro Enteric Catarrh  
Three Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 19<sup>th</sup> 1887

Undertaker, Henry W. Means

A. L. Spruill

M. D.

Place of Business, # 413 E. Fayette St.

855 N. Lombard St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of

Speciaily invited to the remarks below, and to list of cases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 1372*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*July 16<sup>th</sup> 1887*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Annie MacKrell*

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

*13*

Years,

*6*

Months,

*—*

Days.

Color,

*White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

*None*

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

{ Give Street and Number. }

*902 Foster Alley*

Cause of Death,

{ First (Primary),

Second (Immediate),

*Typhoid Fever*

Duration of Last Sickness,

*2 weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*St Peter's Cemetery*

Date of Burial,

*July 18<sup>th</sup>*

Undertaker,

*Martin Toney*

Place of Business,

*Foreman St*

Address,

*John S. Lynch*

*M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Called to the Following Regulations:

# Health Department, City of Baltimore.

Permit No. A 1373 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Handley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 90 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give Street and Number. } Stockton Alley # 1348

Cause of Death, { First (Primary), Second (Immediate), } Old age  
asthma

Duration of Last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 18<sup>th</sup> 1887

{ Undertaker, Christian Fisher } L. G. Sparrow M. D.  
Medical Attendant.

{ Place of Business, 606 W. Townsend St. } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21374 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 16th 1887

Full Name of Deceased, James A. Brown  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 43 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Married  
{ Cross out the words not required in this line. }

Occupation, Can Dealer

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 1406 N. Luzerne St  
{ Give Street and Number. }

Cause of Death, Phtisis pulmonalis  
{ First (Primary), }  
                                    Marasmus  
{ Second (Immediate), }

Duration of Last Sickness, Two (2) years

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, July 18

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore St  
Address.

O. J. Blomer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1375 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH



Date of Death, July 16 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hogan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 Years, ✓ Months, B Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 yr

Place of Death, { Give Street and Number. } 843 East Eager St

Cause of Death, { First (Primary), Second (Immediate), } Heart  
Apoplexy

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 1887 H. Willett

Undertaker, James P. Byrne

Place of Business, 632 E. Pratt St Address, 724 E. Pratt St Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

*A 1376* Office of Registrar of Vital Statistics.

Ward

*9*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

*July 16<sup>th</sup> / 1887*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Dora Greitschewer*

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

*Female*

Age,

*20*

Years,

Months,

Days.

Color,

*White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

*Single*

Occupation,

*Domestic*

Birth Place,

State or country, and how long in the United States, if of foreign birth.

*Germany = U.S. two years*

Duration of Residence in the City of Baltimore,

*One year*

Place of Death,

Give Street and Number.

*City Hospital*

Cause of Death,

First (Primary),

Second (Immediate),

*Heart Disease*  
*Embolism Brain*

Duration of Last Sickness,

*Not known*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Cemetery*

Date of Burial,

*July 18<sup>th</sup> 1887*

Undertaker,

*Ch. Weber*

Place of Business,

*818, Greenmount Ave.*

Address,

*Ernest C. Stuart M.D.*  
*Resident Physician*  
*City Hospital*  
*Calvert & Saratoga Sts.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 1377*

Office of Registrar of Vital Statistics.

Ward *10*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *16 July 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Offili Samuel*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *7* Years, *7* Months, *—* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give Street and Number. } *625 Saratoga St.*

Cause of Death, { First (Primary), Second (Immediate), } *Convulsions. Liver complaint.*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 18th*

Undertaker, *G. Schilling*

*L. F. Pinkard* M. D.  
Medical Attendant.

Place of Business, *Askland Square* Address, *720 Howard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1378

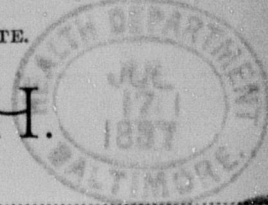
Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, July 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Jackson

B3

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, { Give Street and Number. } 1802 Uding St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1887

Undertaker, Hercules Ross

Place of Business, 409 Conway

Wm. J. Chappell M. D.  
Medical Attendant

Address, Prichard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21379 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Betlefskii

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 6 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 526 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Aug 17 87

Undertaker, John H. Rehberger M. D.

Place of Business, 1732 Alameda St Address, #1709 Alice Amahr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]